Formulary of Unani Medicines

991, MAULANA OBAIDULLAH KHAN AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the names of medicines which are presently included in the formulary of Unani medicines for C.G.H.S.;

(b) what are the names of the medicines which have been excluded from the Unani formulary during the last four years;

(c) whether Government are aware that at least 60 per cent medicines of the pre sent formulary are often not available in the Unani dispensaries /Units; and

(d) if so, what steps Government pro pose to take in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AN!D FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) The list of Unani Medicines is given at Annexure. *{See* Appendix CLXIII, Annexure No. 27]

(b) The names of medicines which have been excluded from the Unani formulary during be last four years is given at Annexure. [*See* Appendix CLXII. Annexure No. 281

(c) and (d) No, Sir. However, in res-pect of medicines which are not available in the Unani Dispensaries/Units, the same are purchased locally and supplied to the beneficiaries.

Quality of Unani Medicines

992. MAULANA OBAIDULLAH KHAN AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Starred Question 9 given in the Rajya Sabha on 20th November, 1991 and state:

(a) what are the details of the complaints received about the quality of Unani medicine supplied by IMPCL during the last three years, year-wise;

(b) what action Government have taken thereon; and

(c) what steps Government save, taken to develop fool proof method for testing the quality, of Unani medicines, for introducing the indenting system Sunilar to prevailing in receipt of Allopathic medicine and for apponting OMOs and specialists in Unani system?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) The information is given below:—

Year	No. of complaint:	Total value medicines
19S8-89		Rs. 6,000
1989-90	8	Rs. 64.598
1990-91	7	Rs. 83.300
1991-91 (unto 26.2.1991)	*9*	Rs. 46.245

(b) The Corporation is taking remedial action under expert advice from Unani experts.

(c) The Corporation prepares medicines according to the methods described in Unani literature. However, Unani Pharmacopoeia Committee has been constituted for preparing Unani formulary and pharmacopoeia. The Unani pharmacopoeia when finalised will be the basis for testing of Unani medicines.

The medicines are indented by Unani dispensary Unit from Unani store depot on monthly basis. If any medicine is exhausted earlier, it is indented on the same day. If a medicine is not availaibe in the Unani store depot, it is purchased locally and supplied to the patient.

On the basis of the recommendations of the High Power Committee constituted for cadre restructure and career improvement of the ractitioners of Indian Systems of Medicines and Homoeopathy, 8 posts of •Unani physicians have been upgraded as Senior Medical Officer (Unani) in the pay scale of Rs. 3000-4500. one post ..of Medi-

cal' Officer Incharge of Dispensary (Unani) has been upgraded to the level Of Chief Medical Officer from the existing scale of Rs. 2200-4000 to Rs. 3700-5000 and one post of Dy. Adviser has been upgraded from Rs. 3000-5000 to Rs. 3700-5000.

10 Unani physicians have already been promoted as Senior Medical Officer (Unani) against 8 posts of Senior Medical Officer and 2 posts of Chief Medical' Officer/Dy. Adviser (Unani) w.e.f. 5-12-1991, from existing scale of Rs. 2200-4000 to the scale of Rs- 3000-4500. Promotion to higher levels will be possible only when there are eligibe candidates.

Primary health sub-centres in Uttar Pradesh

993. MAULANA OBAIDULLAH KHAN AZMI; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 7 given in the Rajya Sabha on the 20th November, 1991 and state:

(a) what are the names of the places in Uttar Pradesh where 21,653 sub-centres have been established as on 1st April, 1990; and

(b) what are the details of plans for setting up such centres in the next few years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THAR A DEVI SIDlDHARTHA): (a) and (b) The information is being collected and will be laid on the Table of the Sabha.

Consttution of sob-committee for family planning

994. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether in view of the phenomenal rise in the country's population growth. Government propose to launch a revised action plan to check the growth of population rate;

(b) if so, what are the details thereof;

(c) whether it is a fact that a sub-committee of the National Development Council for Family Planning has constituted by Government; and

(d) if so, what are its objectives?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (to) To import a new dynamism to the Family Welfare Programme an action Plan has already been evolved by the Ministry of Health and Family Welfare and is being operationalised. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the society. Its key features include, (1) improving the quality and outreach of family welfare services (2) differential strategy for special focus on 90 .poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census). (3) developing a mechanism to make available funds to States/UTs on 'the basis of reduction of actual birth rate, (4) increasing the coverage of younger age couples through vigorous promotion of spacing methods, (5) introducing new contraceptives and improving the quality of contraceptives, (6) strengthening family welfare schemes in urban areas especially in slum pockets. (7) revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, (8) sustaining the good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care, (9) reorientation of informa, tion, education and communication efforts to focus on the quality of life issues and inter-personal communication (10) involving voluntary and non-governmental organisation in a big way to promote active community participation in the programme, (11) (rearing up of the implementation machinery in the States/UTs and (12) evolving high level inte-sec-toral coordination mechanisms at the national, state and district levels etc.